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		Account Name	: UNITED AGENT GROUP INC.	
		Account Number	: 12016000086	
<u>.</u> .		Phone	: (561)508-5033	
		Fax Number	: (561)694-1639	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: OPENDOOR		RTY HOLDCO C			
	410 N Scottsdale Rd, Suite 1600		(b)410 N Scottsdale Rd, Suite 1600			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)			
	Tempe, AZ 85281		Tempe, AZ 85281	1		
	08/07/2018		M18000007262			
3.	Date of filing/registration in Florida	4.	Documen	nt number		
5. (a)	COGENCY GLOBAL INC.					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:			
	115 NORTH CALHOUN STREET STE 4					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS				
	Registered Control Addition - Internet - Additional - Internet					
	TALLAHSSEE, FI	L3230	1	AL 2022 MAR - 7 2002 MAR - 7 2002 MAR - 7	ž	
(b)	United Agent Group Inc.				Jde	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	iress:	il in A	<i>6</i> /		
	801 US Highway 1			PH 4: 30		
	NEW Registered Office Address:			30		
	North Palm Beach	L 33408				
change agent v was/wo	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability coi of the limi	d office and the busin mpany, it is hereby c ited liability compan	confirmed that the change(s)		
			Jenisa Irizarry, Attorney-in-Fact			
•	are of a member or authorized representative of a member			r typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	e performa ed for in C hereby co	nce of my auties, and havter 605. F.S. Or	a fam jamaiar wan and acc ; if this document is being fil	led	
	Jenisa Irizarry, Special Ser	cretary				

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 **FILING FEE: \$25.00**